

**ITF**

**ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT**

**REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2009**

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<p>ATLAS Award No: <b>54892</b> ATLAS Project No: <b>66892</b> Programme Title: <b>D2 -11</b> <b>Emergency Medical Oxygen Supply and Production</b> (Project recently reprogrammed for Emergency Humanitarian Response)</p>	<p><b>Participating Organization(s):</b> World Health Organization</p>
<p><b>Implementing Partners:</b></p> <ul style="list-style-type: none"> <li>Ministry of Health</li> </ul>	<p><b>Programme Budget (from the Fund):</b> US\$ 2,824,760</p>
<p><b>Programme Duration (in months):</b> <i>The project first started on 9 September 2005 and halted on 30 November 2006, (suspension of activities)</i> <i>The project resumed with new outcomes on 10 April 2008 and continued initially until 31 December 2008.</i> <i>The first extension was then granted from 31 December 2008 to 31 March 2009</i> <i>The second extension was granted from 1 April to 31 October 2009.</i> <i>A final six month extension has been granted until 30 April 2010.</i></p>	

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> E.g. Priority Area for the Peacebuilding Fund; Thematic Window for the Millennium Development Goals Fund (MDG-F); etc.

## I. Purpose

The original project (a quick impact project) which started already in 2005 aimed at providing medical oxygen to all hospitals in Baghdad, Mosul and Kirkuk governorates as a temporally measure for these hospitals to meet their six month oxygen needs and to buy time for the MOH so that a suitable solution for sustainable oxygen supply could be established.

The project also sought to develop reliable, sustained and long term arrangements for an uninterrupted oxygen supply in Iraq through installation of 3 medium size oxygen production plants/units (1 in Baghdad, 1 in Basrah and 1 in Diwaniyah). This was initially planned to be a pilot project planned to be expanded to the entire country with Government own resources.

That said, following several significant obstacles, which were documented in the previous progress reports and project quarterly fiches, the implementation of the procurement and installation of the three oxygen plants was interrupted in November 2006 and a decision was taken by WHO in March 2007 to return the remaining funds. However, due to a looming humanitarian crisis which was particularly manifested in March-April 2008 during the Basra and Baghdad Sadr City crisis, the Ministry of Health (MoH) resiliently recommended that WHO instead make use of available funds to support to the emergency response. Based on this request, the DSRSG, Chairperson of the UNDG ITF Steering Committee approved on 10 April 2008 the project scope change and the project resumed with new activities.

The main **development goal and immediate objectives** of the revised project remain almost the same in the initial project. They include two aspects:

1. *Increase access to quality health intensive care services especially for vulnerable groups and increase emergency preparedness and response capacity to deal with emergencies;*
2. *Reduce disability and mortality, including maternal and less than 5 mortality rate due to the lack basic emergency medicines, including oxygen and other anesthetics among patients requiring emergency health care.*

The main Outputs are:

1. *Timely response to emergencies in intensive care units through better access to needed emergency medicines and supplies*
2. *Improved outcomes of visits to hospital emergency units with reduced morbidity and mortality*

Under the reprogrammed project, there are four main activities:

1. *Provision of a list of emergency medicines and supplies requested by the MOH.*
2. *Replacement of some of the basic life support equipment and supplies in a number of ambulances*
3. *Capacity building (training of trainers) on professionals involved in emergencies with focus on workers involved in first aid and ambulance management and blood transfusions*
4. *Update the report of on first aid and medical gas service which was conducted early 2006.*

The project fits well with the UN Assistance Strategy to Iraq (2007-2010) as it is contributing to:

1. *Increasing access to quality health care services especially for vulnerable groups and the un-reached*
2. *Ensuring emergency preparedness and timely response.*
3. *Achieving the contemplated 50% reduction in Under-5 and Infant Mortality*

This project also contributes in directly addressing the following MDGs:

1. *Reduce child mortality (MDG4)*
2. *Improve maternal health (MDG5)*
3. *Combat diseases (MDG 6)*
4. *Develop partnerships for development (MDG8)*

With regard to Iraqi National Strategy and ICI, the project contributes to improve administration and emergency management in the health care system which is one of the ICI benchmarks for the health sector.

## II. Resources

### *Financial Resources:*

The project has not received any additional funding apart from ITF. Programme support elements such as daily administration, procurement, recruitments etc. are however to some extent borne by the WHO operational budget. In April 2008, the project scope and budget was revised and approved by the DSRS, Chairman of the ITF Steering Committee.

<b>Funds Committed</b> as of 31 Dec 2009	US\$2,503,745	<b>89 % of approved</b>
<b>Funds Disbursed</b>	US\$ 2,034,626	<b>72 % of approved</b>
<b>Forecast final date</b>	30 April 2010	<b>Delay<sup>3</sup> (16 months)</b>

### *Human Resources:*

**National Staff:** Two national officers (one project officer and one logistician) are involved in the implementation of the programme. The project officer is constantly liaising with different departments of the Ministry or Directorate of Health involved in the implementation of the project. The project officer works on a daily basis with identifying programmatic needs, facilitation of the training programmes and also holds an important role at the time of delivery of the goods. The logistician is involved in supporting the international project manager in the review of the requests and in preparing the invitation to bid for local procurement and in facilitating the shipping of medicines delivered in Amman which have to be forwarded inside Iraq.

**Consultants:** In addition to those two national officers, the project is supported, time to time, by other core staff functions such as finance, reporting, admin etc. within WHO offices. For specific tasks, short term assignments with regards to capacity building are also awarded to individuals or to institutions to perform specific tasks, particularly in the areas of capacity building. These are in the form of Agreements of Performance of Works (APWs) contracts. In this respect, the Jordan Directorate of Blood Bank assisted WHO in organizing two series of training courses for Iraqi professionals working in the National Blood Transfusion Centre and in the governorate blood banks with a focus on management of blood transfusion services and screening of blood transmissible diseases.

**International Staff:** A WHO international programme manager is working part time with coordinating the overall project implementation and is responsible for every day management of the project. The officer is assisted by other international staff in the office including a biomedical engineer, on part time basis in the same manner as with national staff indicated above.

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<sup>3</sup> Calculated from 10 April 2008 when the scope of the project was changed (re-programmed funds for emergencies)

### III. Implementation and Monitoring Arrangements

This project comprises mainly of two components: Procurement of medicines and medical supplies to respond to emergency humanitarian needs and capacity building of staff involved in emergency medical services, including staff managing ambulances and blood transfusion services. The project is being implemented primarily by the Ministry of Health, with the technical support of WHO. Specifically, the departments involved are the MOH Technical Affairs Directorate for the component related to the identification of medicines and medical supplies needs, the First Aid and Ambulance Centers and the National Blood Transfusion Centre for the component related to training and capacity building.

For the training, the selection of candidates has been done using set criteria to ensure gender balance and that the candidates with the right education background and experience were enrolled. In order to achieve the maximum benefit, the training on Basic and Advanced Life Support Techniques was conducted in Arabic language for a group of trainers (training of trainers) in Jordan who once trained in turn trained their colleagues inside Iraq. The same principles were applied to the training of trainers in the field of Blood Transfusion Services. This is to ensure increased ownership and sustainability.

Approaches and methodologies used for monitoring the implementation of this project are similar to those used for other WHO UNDG ITF projects: The project has a steering committee and subordinated technical committees in the Governorates. There are focal points in the Ministry for each component of the project and the work plan of each component is discussed between WHO team and the focal points, mostly in Baghdad during the visits of the international project manager. The implementation of the project is also being monitored by a team comprising of representatives from the MOH who are being supported by WHO. It is also important to note that this project as part of UNDG ITF funded projects is subject to the regular mandatory internal and external audits.

WHO has well established procurement procedures and goods are generally delivered to Baghdad under international insurance coverage. The procurement process is being carried out based on WHO rules and regulations. These are aimed at ensuring quality, efficiency and cost effectiveness. In few cases, local procurement has been applied. That said, procurements and shipment of project material is a challenge in Iraq and delays due to difficulties at border crossings, processing and remote management is sometimes impacting the performance of programmes activities. Sometimes the suppliers did not respond timely to invitation to bid or indicated that the delivery of items will be made in several installments as there were no stocks at hand in most of the cases. This caused some initial delays which were compounded by the process of *Invitation to Bid* which cannot be shortened without breaching the rules of fair competitiveness.

**Lessons learned:** The regular process of bidding for the procurement of items on international market is cumbersome and lengthy and therefore defeats and delays the timely response in emergency situations. Pre-positioning of items for emergencies should be privileged whenever possible. Furthermore, the medical supply management should be organized in a such way that there is always a buffer stock for about 2 to 3 months for use while the processes of re-ordering through the regular channel is underway. With globalized pharmaceutical market, it is difficult to find one supplier which has all items needed ready and available. In many cases, the manufacturer requires long period to be able to deliver the quantities requested. In the future, the combination of pre-positioning of items considered as emergency items, combined with the possibility of keeping

sufficient buffer stock could be a measure that may mitigate the risk of facing critical shortages of medical supplies.

#### IV. Results

As earlier indicated, there are four activities retained in the re-programmed funds for emergency humanitarian response. Below is a summary of the status of implementation of each activity.

ACTIVITY	STATUS	COMPLETION RATE	
Provision of a list of emergency medicines and supplies	All the procured items have ordered and delivered to MoH, except few items excepted to be delivered during the request extension period (by 30 April 2010).	% of planned	95
Replacement of basic life support equipment and supplies in a number of ambulances	All emergency medicines and supplies requested for use in ambulances have been procured	% of planned	100
Capacity building (training of trainers) on Basic and Advanced Life Support Techniques and on identified topics in the areas of blood transfusion services	As earlier reported, all training activities which were planned under the programme have been completed.	% of planned	100
Review and update the report on national survey on first aid and medical gases	The review of data collected during the field continues but some difficulties remain as it was explained before.	% of planned	70

As earlier reported, most of the items were ordered during the year 2008 but the delivery took longer than initially anticipated and were delivered partially towards the end of 2008 and then during 2009.

With regard to capacity building, in addition to training courses on Basic and Advanced Life Support which were organized by WHO in collaboration with the Jordan Civil Defense, there have been also specialized training in the area of blood transfusion centers for 15 Iraqi professionals from the National Blood Transfusion Center and from regional blood banks.

The strategic objective of these training courses was to improve access of the populations to safe blood by reinforcing the capacity of the members of blood banks to provide improve reliable and quality blood services, through:

- Enhancing the capacity and skills of the participants in broad spectrum Blood Transfusion Services in general with emphasis on screening for markers of all Transfusion-Transmissible infections (TTI), and quality assurance.
- Strengthening the ability to promote the establishment of voluntary non- remunerated donor system
- Familiarization with the advancements regarding functionality and laboratory requirements for Blood Services
- Upgrading knowledge in the area of data collection and documentation.

During the training emphasis was put on practical work in the laboratories as well as on the work done in raising the awareness of the population on the importance of blood donations.

**Constraints:** The major operational constraint (besides the security situation) in 2009 related to the availability (or lack thereof) of MOH professionals assigned to be involved in the field data collection and to facilitate the review of the data collected during the actual survey. This is mainly due to the weakened human capital in the Iraqi health system in general and to the high turnover of staff in leadership positions in specific. Whilst efforts are being made to find an alternative solution, some progress has been made in the review of field data which were compiled during the actual survey so as to validate the findings highlighted in the initial report. However as it was mentioned in the previous report, the fact that all MOH officials who participated to the project are no more in the Ministry has made the exercise difficult.

Regarding the procurement process of items requested by the Ministry of Health, there were 3 separate lists of 9 anesthetics, 42 sutures of different types and 10 types of external fixation devices. Following is the delivery status of category items:

- Sutures: All the 42 different types of sutures ordered have been delivered to Iraq with a total value of \$213,780
- Purchase orders for all the 10 anesthetics have been issued with a total value of about \$500,000. The delivery to Iraq is complete for the 10 items.
- Quadruple blood bags with a total value of \$97,200 have been ordered and have been delivered in April 2009 to Baghdad and to Jordan Ministry of Health to reimburse the loan previously given to Iraq through WHO.
- For the external fixation devices, following initial delays, a partial shipment of 23 different components of external fixators worth of about \$160,000 has been delivered. More shipments to complete the whole delivery are expected in early 2010.

**Cross cutting issues:** As the project is mainly focusing on procurement of emergency medical supplies; it does not have substantial implication and impact on most of the cross cutting issues. However, for all capacity building activities, gender balance has been taken into consideration.

**Partnerships:** The main partner is the Ministry of Health and its specialized departments. The MOH/Technical Affairs Directorate (TAD) which oversees the work of the First Aid and Ambulance Centres as well as the work of the National Blood Transfusion Centre will play an important role in ensuring the coordination of all the project activities inside Iraq at central and governorates levels. The project is also coordinated with other efforts in the Health and Nutrition sector so that synergies can be identified and strengthened.

The National Centre for Drug Control and Research is another partner that is performing the quality testing of pharmaceutical products received before their distribution, including products related to blood transfusion services.

## V. Future Work Plan (if applicable)

The project will end on 31 April 2010. The plan for the coming four months includes the completion of ongoing activities, exit and handover. The remaining activities to be completed within the implementation period include the delivery of shipments related to the external fixators and other emergency items that the Ministry has requested some of which are being procured locally given the urgency.

At the time of finalizing this report, the ministry has requested WHO support to conduct additional capacity building of staff involved in emergency laboratory testing and diagnosis and are working in the public health laboratories in Baghdad and in the governorates.

## **VI. Performance Indicators (optional)<sup>4</sup>**

This project is ending on 30 April 2010 and the final report will include information on performance indicators related to humanitarian response given the project scope change that took place in April 2008.

## **VII. Abbreviations and Acronyms**

APW - Agreements of Performance of Works (consultancy contract)

DSRSG – Deputy Special Representative of the Secretary General

MDG – Millennium Development Goals

MoH – Ministry of Health

NCDCR- National Centre for Drug Control and Research

TAD - Technical Affairs Directorate in the MoH

UNDG ITF – United Nations Development Group Iraq Trust Fund

WHO – World Health Organization

WR – WHO Country Representative

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<sup>4</sup> E.g. for the UNDG Iraq Trust Fund and the MDG-F.